PART B - FEE(S) TRANSMITTAL Complete and send this form, together Th applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 MAY 2 5 2007 or Fax (571)-273-2885 INSTRUCTIONS: This form sould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate by further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless a support of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 02/26/2007 I hereby certify that this Fee(s) Transmittal is being deposited with the US Postal Service George S. Blasiak in an envelope addressed to Issue Fee on the ed date indicated below. WALL MARJAMA & BILINSKI with sufficient postage as Express Mail Suite 400 101 South Salina Street Express Mail Label No. EM0019406042US (Depositor's name) Syracuse, NY 13202 (Date) 2007 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/766,922 01/22/2001 Robert M. Hussey 283-280 1246 TITLE OF INVENTION: OPTICAL READER HAVING REDUCED PARAMETER DETERMINATION DELAY APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$0 \$1400 \$1400 05/29/2007 **EXAMINER** CLASS-SUBCLASS ART UNIT NOTE: ISSUE FEE PREVIOUSLY PAID DECEMBER 13, 2005. GRANT II, JEROME 2625 358-484000 2. For printing on the patent front page, list "Lad" (Pranting Colested Decea) 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). I Marjama & (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form P.TO/SB/122) attached. or agents OR, alternatively, 02 FC:0091 LLES M (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 13153 Hand Held Products, INc. Skaneateles Falls, NY 4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0289 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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01 FC:1501 May 25 1400.00 CR 2007 Authorized Signature

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